

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/02/2016
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, observation, and interview, the facility failed to properly store dry stock and frozen food items in a sanitary manner; failed to serve food in a sanitary manner; failed to ensure kitchen equipment, walk in cooler, and non-food contact surfaces were clean; and failed to properly air dry steam table pans in 5 of 5 stacked steam table pans observed, affecting 149 of 157 residents.</p> <p>The findings included:</p> <p>Review of the facility policy, Safety & Sanitation Best Practice Guidelines Sanitation Dry Storage, dated revised 1/2011 revealed "...All non-potentially hazardous foods shall be stored in a clean and dry location not exposed to dust or other contamination...If opened, packages should be closed securely to protect product..."</p> <p>Review of the facility policy, Safety & Sanitation Best Practice Guidelines Sanitation Refrigerator and Freezer Storage, dated revised 1/2011 revealed "...Foods will be stored in their original</p>	F 371	<p><i>This Plan of Correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding the deficiency cited are correctly applied.</i></p> <p>Plan of Correction F 371</p> <p>NHC does store, prepare, distribute and serve food under sanitary conditions.</p> <p>The Dietary Manager observed and instructed the Dietary Partners on 10/31/16 on properly storing dry and frozen stock in a sanitary manner. Also on 10/31/16 the Dietary Manager observed all kitchen equipment, walk-in cooler, non-food contact surfaces, and fryer to ensure that all were clean. The Dietary Manager observed all ware wash items to ensure all items were completely dry to prevent wet nesting. The staff in the kitchen and employees were instructed on proper use of handling foods with bare hands by the RD's on 10/31/16 & 11/9/16 & 11/15/16. The walk-in freezer was observed and food was properly labeled and stored appropriately by the Dietary Manager. The Dietary Manager instructed the Dietary Partners on proper sanitary conditions on 10/31/16.</p> <p>The Dietary Manager in-serviced Dietary Partners on 11/9/16 and 11/10/16 on The Proper dry storage policy to properly label and date all products returned to storage, fridge, or freezer areas. Products are to be placed inside a zip lock bag, closed tightly, labeled, and dated. The Dietary Partners were also in-serviced by the Dietary Manager on the walk in cooler and freezer that will be checked by each shift by checking the other shifts' accuracy.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	<p>Continued From page 1</p> <p>container or an approved container or wrapped tightly...Clearly labeled with the contents and the use by date..."</p> <p>Review of the facility policy, Safety & Sanitation Best Practice Guidelines Cleaning Equipment, dated revised 1/2011 revealed "...Equipment must be cleaned and/or sanitized after each use...The physical facilities shall be cleaned as often as necessary to keep clean..."</p> <p>Review of the facility policy, Safety & Sanitation Best Practice Guidelines Sanitation Manual Ware Washing, dated revised 1/2011 revealed "...Air Dry all items. Make sure all items are completely dry before stacking..."</p> <p>Review of the facility policy, Safety & Sanitation Best Practice Guidelines Personnel Glove Use, dated revised 1/2011 revealed "...there should be NO bare hand contact with ready-to-eat foods..."</p> <p>Observation on 10/31/16 at 10:00 AM, in the Dish room, revealed 2 of 2 two inch steam table pans and 3 of 3 six inch steam table pans stored wet.</p> <p>Observation on 10/31/16 at 10:05 AM, with the Dietary Manager (DM) in kitchen, revealed 4 of 4 work tables with dried food debris on the table top and bottom shelves. Continued observation revealed a food warmer with dried thick debris on the sides, door, and bottom. Further observation revealed the tray line conveyor with dried debris on the rollers, sides, and bottom and multiple condiment packets on the bottom. Continued observation revealed the can opener with dried food debris on the blade. Further observation revealed the convection oven with thick burnt debris on the sides, front and doors.</p>	F 371	<p>On 11/9/16 and 11/10/16 the Dietary Manager in-serviced the Dietary Partners on Equipment care and maintenance to ensure all equipment is properly cleaned with no debris on equipment with a cleaning schedule to be dated and followed. Dietary Partners were also in-serviced on 11/9/16 and 11/10/16 by the Dietary Manager on ware-washing/wet nesting to ensure all items are completely dry before stacking to prevent wet nesting.</p> <p>Partners were in-serviced on 11/9/16 and 11/15/16 on Proper use of gloves so that no bare hands should be used to touch any ready to eat foods RD's. The Dietary Manager/Registered Dietician will QA the Proper use of storing dry and frozen stock, Proper cleaning of equipment, West-nesting of dishes, and Handling foods with bare hands weekly for four weeks. The Dietary Manager/Registered Dietician will report to the center's Quality Assurance (QA) committee, which consist of the Administrator, DON, Medical Director, HIM, SW, RD's, and doctors x 4 weeks. The Quality Assurance committee will review and make any recommendations. The study will continue as directed by the Quality Assurance committee.</p> <p>(End POC F371)</p>	11/15/16

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MURFREESBORO, TN 37130

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F 371	Continued From page 2 Observation with the DM on 10/31/16 at 10:15 AM, in the kitchen, revealed two food storage bins one for flour and one for sugar with dried sticky debris on the lids and food particles in the bottoms of the bins. Observation with the DM on 10/31/16 at 10:20 AM, in the kitchen of a dry stock room, revealed the following available for resident consumption: six bags of dry cereal with no label or use by date 3 of 6 were open to air. Continued observation revealed dry cereal and other food particles on the stock room floor. Observation with the DM on 10/31/16 at 10:25 AM, in the kitchen, of the walk-in freezer revealed the following foods with no label, use by date, and not tightly wrapped all items available for resident consumption: a). 9 Hamburger patties b). 3 Chicken tenders c.) a ten pound box approximately ¾ full of cubed pork patties open to air d.) a two pound bag of Crab meat approximately ¾ full Observation on 10/31/16 between 11:35 AM, and 11:50 AM of Dining Service in the Bell Dining room, revealed Certified Nursing Aide CNA #3 cutting a resident's sandwich, touching the bread, picking up a slice of tomato and placing it on the sandwich with her bare hands. Continued observation revealed the Speech Pathologist cutting a resident's sandwich touching the bread with her bare hands. Interview with the DM on 10/31/16 at 10:25 AM, in the kitchen, confirmed the facility failed to	F 371		

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F 371	Continued From page 3 properly store dry stock and frozen food items in a sanitary manner; failed to ensure kitchen equipment, walk in cooler, and non-food contact surfaces were clean; and failed to properly air dry steam table pans. Interview on 10/31/16 at 11:35 AM with CNA #3 in the Bell Dining room, confirmed she did touch the resident's sandwich and a slice of tomato with her bare hands. Interview on 10/31/16 at 11:40 AM, with the Speech Language Pathologist (SLP) in the Bell Dining room, confirmed she did touch the resident's sandwich with her bare hands. Continued interview revealed she was unsure if touching the ready-to-eat food was an acceptable practice. Interview on 11/1/16 at 4:05 PM, in the conference room, with the Director of Nursing confirmed ready-to-eat foods are not to be touched with bare hands and the facility failed to follow their policy.	F 371			
F 469 SS=F	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to eliminate the present of insects; failed to eliminate sources of	F 469			

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F 469	<p>Continued From page 4</p> <p>food; and failed to routinely clean to eliminate harborage conditions in the Dietary Department effecting 149 of 157 residents.</p> <p>The findings included:</p> <p>Review of the facility policy, Safety & Sanitation Best Practice Guidelines Safety Pest Control, revealed "...eliminating sources of food and shelter...the presence of insects and other pests shall be controlled to eliminate their presence...Premises should be routinely cleaned to eliminate harborage conditions..."</p> <p>Review of a Pest Control Customer Service Report, dated 10/3/16 revealed "...Kitchen area-interior-hole/gap noted on wall behind microwave...seal to prevent pest entry or harborage...Receiving dock-exterior-exit door doesn't close/seal properly exclusion measures here will reduce the number of pests entering the area, found door not completely sealed closed..."</p> <p>Observation with the Dietary Manager (DM) on 10/31/16 at 10:20 AM, in the kitchen of a dry stock room, revealed a metal storage rack containing three bags of dry cereal open to air. Continued observation revealed dry cereal and other food particles on the stock room floor. Continued observation revealed one insect crawling on the floor, and one insect crawling on the wall behind the rack.</p> <p>Interview with the DM on 10/31/16 at 10:20 AM, in the kitchen confirmed the facility failed to ensure the kitchen was free of insects.</p>	F 469	<p>Plan of Correction F469</p> <p>NHC does maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>The Dietary Manager immediately removed the insects crawling on the floor and wall behind the rack. The kitchen area - interior hole/gap on the wall behind the microwave was sealed to prevent pest from entry or harborage.</p> <p>The dock - exterior door has a new door sweep installed to prevent pest from entering the area. The Ecolab supervisor made an inspection of the kitchen area. Treatments on spraying bait, dust & spot flush will be done weekly beginning 11/17/16 in the kitchen. The exterior of the building will be sprayed weekly also. The maintenance director will seal penetrations in the compressor room, seal expansion joints on the dock, seal penetrations in the kitchen area. The Dietary Manager in-serviced the Dietary partners on 11/9/16 & 11/10/16 on the Pest Control Policy. All Dietary partners will ensure zip lock bags are closed tightly and that all spills are cleaned immediately.</p> <p>The Dietary Manager will report to centers Quality Assurance (QA) Committee which consists of the Administrator, DON, Medical Director, IHM, SW, RD's, and Doctors. The Quality Assurance will review and make any recommendations x 4 weeks. The study will continue as directed by the Quality Assurance Committee.</p> <p>(End POC F469)</p>	11/17/16	